



May 12, 2020

Web Announcement 2194

Attention Provider Type 22 (Dentist):

Dental Claims Impacted by Error Code 5505

Some dental claims submitted by provider type 22 (dentist) have been denying in error with error code 5505 (One unit allowed per rolling six months) if another dental code was billed within the previous six months. For example, dental code D5421 (UPPER denture adjustment) denied with error code 5505 when dental code D5422 (LOWER denture adjustment) had been billed within the 6 months prior. Effective May 11, 2020, these claims will no longer deny in error.

Claims for dental codes D5421 and D5422 submitted by PT 22 that processed on or after February 1, 2019, through May 11, 2020, and denied with error code 5505 will be automatically reprocessed. A future remittance advice message will notify providers when the claims are reprocessed.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.